

## Overview

### Scoring process

OHA subject matter experts reviewed each project against the [TQS guidance document](#) for each component assigned to that project.

- Reviewers assigned a separate score of 0–3 for relevance, detail and feasibility.
- Relevance scores of zero mean the project did not meet the component-specific requirements; for these projects, detail and feasibility will automatically also score a zero.
- Relevance, detail and feasibility scores were summed for a total possible component score of 9.
- If a CCO submitted multiple projects for a component, scores were averaged to create a final component score.

### How scores will be used

CCO scores will provide OHA with a snapshot of how well CCOs are doing in component areas. The scores will help OHA see what improvement is happening and identify areas of technical assistance needed across CCOs. [Individual CCO scores and written assessments will be posted online.](#)

### How to use this feedback

This assessment should be used by the CCO to update TQS projects for 2022 TQS submission to ensure quality for members, including access and service utilization, while also continuing to push health system transformation to reduce health disparities across the CCO's service area.

## Background

As part of a CCO quality program, the TQS includes health system transformation activities along with quality activities to drive toward the triple aim: better health, better care and lower cost. As part of 438.330 CFR, Quality Assessment Performance Improvement (QAPI), CCOs will submit the annual look-back across TQS components and provide analysis with a plan (that is, a TQS project) to improve each component area. The TQS highlights specific work a CCO plans to do in the coming year for the quality and transformation components. It is not a full catalog of the CCO's body of work addressing each component or full representation of the overall quality program a CCO should have in place.

## Next steps

- **Feedback calls with OHA** – CCOs can request an optional call with OHA by emailing [Transformation.Center@dhsosha.state.or.us](mailto:Transformation.Center@dhsosha.state.or.us). During the call, OHA will walk through this written assessment and answer any questions. Calls are available in June and July.
- **Resubmissions** – OHA will not be accepting resubmissions to ensure transparency across the original TQS submission and resulting written assessment. Feedback from the written assessment and feedback calls are intended to help CCOs focus on ways to improve projects and documentation in future submissions.
- **What will be posted** – OHA will post each CCO's entire TQS submission (sections 1, 2 and 3) — or redacted version, if approved by OHA — along with written assessment and scores no sooner than August 1.

CCO TQS assessment		
Component scores		
Average score	# of projects	Component
9	1	Access: Cultural Considerations
7	1	Access: Quality and Adequacy of Services
5	1	Access: Timely
9	1	Behavioral Health Integration
9	1	CLAS Standards
9	1	Grievances and Appeals System
6	1	Health Equity: Cultural Responsiveness
8	1	Health Equity: Data
9	1	Oral Health Integration
9	1	Patient-Centered Primary Care Home: Member Enrollment
9	1	Patient-Centered Primary Care Home: Tier Advancement
7	1	Severe and Persistent Mental Illness
9	1	Social Determinants of Health & Equity
8	2	Special Health Care Needs
6	1	Utilization Review
<b>119</b>		<b>TOTAL TQS SCORE</b>

Project scores and feedback				
Project ID# (new): Food Hub: Mill Addition Neighborhood, Klamath Falls				
Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	3	3	3	9
<p><b>OHA review:</b> The project fully addresses the component requirements, is well detailed and is feasible, as described. This is an exemplary project that provides detail on all the important aspects of this intervention. Strengths include member data collected and utilized; alignment with CHP and CAC priorities; and external partnerships with community organizations, local school district, city and county local governments, OSU Extension Office, and ODHS.</p>				

Project ID# (new): Medical Dental Integration				
Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	3	3	3	9
<p><b>OHA review:</b> The project fully addresses the component requirements, is well detailed and is feasible, as described. Good background details and activity charts.</p>				

**Project ID# 61: Member Reassignment**

Component	Relevance score	Detail score	Feasibility score	Combined score
Grievance and appeal system	3	3	3	9
Health equity: Data	2	3	3	8
<p><b>OHA review:</b> (Grievance and appeal system) Good explanation of what data CCO is using. Great to see data charts from previous year to show where the problem areas are.</p> <p>(Health equity: data) The project description is well detailed, but the narrative is somewhat difficult to follow (a bit scattered). While policy development is a good place to start, it alone will not make a process culturally and linguistically appropriate.</p> <p><b>OHA recommendations:</b> (Grievance and appeal system) Using REALD to identify reasons why members are being reassigned is the right direction. Consider continuing in this direction to eventually expand to issues such as behavioral health that might also cause member reassignments.</p> <p>(Health equity: data) Include activities that go beyond policy development to support culturally and linguistically appropriate processes and services. Some of activities appear to be disconnected from the narrative. Refine descriptions and work toward a more cohesive narrative.</p>				

Project ID# (new): Comprehensive PCPCH Plan				
Component	Relevance score	Detail score	Feasibility score	Combined score
PCPCH: Member enrollment	3	3	3	9
PCPCH: Tier advancement	3	3	3	9
<p><b>OHA review:</b> The project fully addresses both PCPCH component requirements, is well detailed and is feasible, as described.</p>				

Project ID# 32&33: Cultural and Linguistic Services Provision				
Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Cultural considerations	3	3	3	9
CLAS standards	3	3	3	9
Health equity: Cultural responsiveness	2	2	2	6
<p><b>OHA review:</b> (Access: cultural considerations) The project fully addresses the component requirements, is well detailed and is feasible, as described.</p> <p>(CLAS) The project fully addresses the component requirements, is well detailed and is feasible, as described.</p> <p>(Health equity: cultural responsiveness) There's a disconnect in how this project has been continued from the prior year, as well as how it goes beyond compliance with state and federal law and contractual requirements. However, the plan to achieve NCQA Multicultural Healthcare Distinction is noteworthy for transformation efforts.</p> <p><b>OHA recommendations:</b></p>				

(CLAS) Consider including CAC involvement (from activity 1), in the goals. Also consider including community involvement in activities 2 and 3 (for example, sharing revised training plan with community members in activity 2 or including community members in the recruitment plan and interview process in activity 3).

(Health equity: cultural responsiveness) Provide additional details and clarity to demonstrate how the project is focusing on quality or transformation in cultural responsiveness. More details regarding the NCQA distinction would help with that focus. Include activities, targets and benchmarks that are more meaningfully related to quality and transformation to push beyond a compliance-only focus.

**Project ID# (new): Diabetes Medication Management Program**

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs	3	2	3	8

**OHA review:** The project fully addresses the component requirements, requires minor clarifying details and is feasible, as described. The project focuses on an important issue of diabetes management, medication adherence and educational outreach.

**OHA recommendations:** Include additional details and more measurable outcomes for the project description, activities and monitoring activities. For example, documenting pharmacist medication consult with patients could be a benchmark for monitoring activity 1, or tracking whether the activities reduce avoidable hospital visits within the target population. Clarify how educational outreach will be modified for Spanish-speaking populations and other cultural nuances needed for sub-populations.

**Project ID# 59: Community Integrated Risk Reduction and THW Sustainable Capacity**

Component	Relevance score	Detail score	Feasibility score	Combined score
Serious and persistent mental illness	3	2	2	7
Behavioral health integration	3	3	3	9

**OHA review:** (Serious and persistent mental illness) The use of THWs in this project is both pivotal and meaningful. The prior year analysis of missing treatment plans was not explored and there are missing partnerships that could help with funding and implementation, support and supervision of THWs.

(Behavioral health integration) The project fully addresses the component requirements, is well detailed and is feasible, as described. The plan to expand the workforce by utilizing THWs in rural areas makes this an exemplary project.

**OHA recommendations:** (Serious and persistent mental illness) Provide additional analysis for a more complete prior year analysis (for example, the missing treatment plans), and consider how to meet funding gaps that have developed.

**Project ID# (new): Comprehensive Utilization Plan and NEMT**

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	2	2	3	7

Access: Timely	1	2	2	5
Utilization review	2	2	2	6

**OHA review:** (Access: quality and adequacy of services) While the robust management program for reporting will provide quicker analysis in gaps of service, the project is missing a clear narrative on improving access and has not provided a process to describe the methodology.

(Access: timely) Project doesn't sufficiently describe how timely access will be improved or the use of OHA travel time and distance standards. Good detail on current provider and member ratio and identifying the areas needing improvement.

(Utilization review) Good project reasoning and governance structure to support working with community provider. Good use of existing meeting structures to support review and analysis of data. Good description of current state for utilization. Good background data to support NEMT focus.

**OHA recommendations:** (Access: quality and adequacy of services) Ensure the project will improve access and detail the methodology for that. Include additional project context details that provide a sufficient rationale for the project.

(Access: Timely) Include more robust descriptions of how the project will improve timely access, as it is not currently clear the project will do this. Better detail how the project utilizes the OHA standards for travel time and distance or provide a clear explanation and criteria for alternative standards. Include additional details on reporting methods needed to determine how the activities improve timely access.

(Utilization review) NEMT activities are limited in monitoring activity 5. Expand on this for year 2.

Project ID# (new): Collaboration and Care Coordination for LTSS FBDE Population				
Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs	3	2	3	8

**OHA review:** The project fully addresses the component requirements and is feasible as described. While the project has multiple activities that target both process and outcomes, not all activities are fully measurable.

**OHA recommendations:** Ensure all activities clearly support ability to track progress and document improvements in health outcomes. Provide additional detail on the LTSS dashboard and better spell out health outcome metrics in monitoring activity 3. Additionally, consider that the CCO already tracks LTSS metrics for annual reporting to OHA, which could be incorporated into this project.

OHA provides LTSS program information to all CCOs (CCO-LTSS guidance) that identifies members receiving LTSS, which is a better method to identify members with LTSS than the HRAs included in the project. This could be used to cross-reference members with additional chronic conditions as they are prioritizing high needs members.